

Case Number:	CM15-0184049		
Date Assigned:	09/30/2015	Date of Injury:	08/05/2003
Decision Date:	11/20/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Montana, California
 Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 51 year old male, who sustained an industrial injury on 08-05-2003. Work status not noted in received medical records. Medical records indicated that the injured worker is undergoing treatment for status post L4-S1 anterior fusion with pseudoarthrosis at L5-S1, chronic pain, failed low back surgery syndrome, and thoracic compression fractures. Treatment and diagnostics to date has included lumbar spine surgeries, chiropractic treatment, acupuncture, physical therapy, injections to the lumbar spine, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Current medications include MS Contin, Morphine Sulfate IR, Soma, Lyrica, Savella, Naproxen, Omeprazole, and Senna-S. Lumbar spine MRI dated 04-26-2010 showed degenerative disc disease in the lower lumbar spine with broad based posterior disc bulges at L4-5 and L5-S1 with associated facet hypertrophy and electromyography nerve conduction velocity studies of the bilateral lower extremities dated 05-30-2008 showed evidence of peripheral sensory neuropathy of the bilateral lower extremities per 08-04-2015 progress note. After review of progress notes dated 06-30-2015 and 08-04-2015, the injured worker reported neck (rated 3-4 out of 10), mid back, and low back pain (rated 6-7 out of 10) with tingling and numbness in the bilateral hands. Objective findings included tenderness to palpation to bilateral lumbar paraspinal muscles, decreased sensation to bilateral L5 and S1 and right L3 and L4, and positive slump test bilaterally. The Utilization Review with a decision date of 08-28-2015 non-certified the request for removal of hardware, exploration of fusion, possible revision fusion with instrumentation at L4-S1, preoperative medical clearance, preoperative consultation for history and physical, preoperative EKG (electrocardiogram), preoperative chest

x-ray, preoperative laboratory evaluations to include chemistry panel, CBC (complete blood count), UA (urinalysis), APTT (activated partial thromboplastin time), PT (prothrombin time), and type and screen, x-ray of the cervical spine, and x-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 Removal of hardware, exploration of fusion, possible revision fusion with instrumentation at L4-S1 if pseudarthrosis as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion Chapter-Hardware removal.

Decision rationale: California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of this. Guidelines do not recommend explorations. The California MTUS guidelines do recommend lumbar surgery if there is clear clinical, electrophysiological and imaging evidence of nerve impingement, which would correlate with severe, debilitating pain unresponsive to conservative management. Documentation does not provide this evidence. The ODG guidelines do recommend hardware removal if it is broken. No evidence is provided of any breakage. Guidelines do note removal can be offered if the hardware is proven to be a pain generator. No proof is provided. The requested treatment: Removal of hardware, exploration of fusion, possible revision fusion with instrumentation at L4-S1 if pseudoarthrosis as outpatient is not medically necessary and appropriate.

1 Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

1 Pre-op consultation for history and physical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

1 Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

1 Pre-op chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op lab: Chem Panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op lab: UA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op lab: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op lab: APTT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op lab: PT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre op lab: Type and screen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: 1 X-ray of the cervical spine (7 view): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: 1 X-ray lumbar spine (7 view): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.